

**Office Use Only**

Date: \_\_\_\_\_

Replacement on File?

- ☐ Yes  
☐ No

**Form 99-5**

Rev. 6/2005

**COMMONWEALTH OF KENTUCKY  
OFFICE OF INSURANCE  
AGENT LICENSING DIVISION**

P. O. Box 517  
Frankfort, KY 40602  
502-564-6004

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KOIAgentLicensingMail@ky.gov

**FINANCIAL RESPONSIBILITY CANCELLATION FORM**

**DIRECTIONS:** This form is to be used as written notice to cancel evidence of financial responsibility for licensees. This form must be completed and signed by an authorized representative of the insurer or financial institution issuing or establishing the evidence of financial responsibility. The original shall be sent to the Office and a copy shall be mailed to the licensee at the licensee's last address known to the insurer or financial institution. Financial responsibility shall not terminate until at least thirty (30) days after the Office's receipt of this form.

<b>Insurer or Financial Institution Name:</b> _____	<b>FEIN</b> _____
<b>Address:</b> _____ _____ _____	<b>Phone:</b> _____ <b>Fax:</b> _____ <b>Email:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____	

<b>Licensee Name:</b> _____	<b>SSN/FEIN:</b> _____
<b>Address:</b> _____ _____ _____	<b>Agent</b> <input type="checkbox"/> <b>Consultant</b> <input type="checkbox"/> <b>Surplus Lines Broker</b> <input type="checkbox"/> <b>Viatical Broker</b> <input type="checkbox"/> <b>Viatical Provider</b> <input type="checkbox"/> <b>Adjuster</b> <input type="checkbox"/> <b>Reinsurance</b> <input type="checkbox"/> <b>Intermediary Manager</b> <input type="checkbox"/>
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____	

<b>Type:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Legal Liability (E&amp;O) Policy</b> <b>Number</b> _____ <b>Surety Bond</b> <b>Number</b> _____ <b>Letter of Credit</b> <b>Number</b> _____ <b>Assumption of Liability</b> <b>Number</b> _____ <b>Penal Bond</b> <b>Number</b> _____
<b>Coverage Period:</b> <b>Inception Date</b> _____ <b>Expiration Date</b> _____	

Typed Name of Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_